Appropriate District Office DISTRICT | F.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depart = 14

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos R4, Azios, NM 87410

DISTRICT B. P.O. Drawer DD, Arada, HM 88210

	, neur	TO TR	OH AI	ORT OII	BLE AND A L AND NAT	NOTHORI TURAL O	ZATION					
Opinio Amerada Hess Corporat	TO TRANSPORT OIL AND NATURAL GA							Well API No.				
Address ·								30025	12478			
Drawer D, Monument, N	ew Mex	ico 8	8265									
Resson(s) for Filing (Check proper box)		O	· •	<u>-</u>	X Other	(Please exp	lain)					
Recompletion	Change in Transporter of: Effective 12-15-93, WELL SHUT IN. Texaco Meter No. 110213208,											
hange in Operator	Caulaghe	ed Gee X	Conde		10/400 10001 NO. 110/13/08.							
change of operator give name ad address of previous operator			**** <u>****</u>	·								
L DESCRIPTION OF WELL	ANDLE	ASP								·····		
esse Name Blk.	Blk. 14 Well No. Pool Name Jacher					ing Formation Kind			diam i i			
North Monument G/SA U							A MINERYNE (1944)		ee e N a 1543-1			
D		660		c	COUTU							
Unit Lotter	- :		_ Poot Pr	rom The	OUTH Line	bas	60 Fe	et From The	EA:	ST Line		
Section 36 Township	19	98	Range	36E	NA.	TPML	!	Lea		5 .		
II. DESIGNATION OF TRAN	CDABET	2D. OF O		T) \$14.000		23.23		***************************************		County		
II. DESIGNATION OF TRAN	* KOLL	T Kid	Eipel	pe P	RAL GAS	alter la v	hich comme		form is to be se			
EOTT 0il Pipeline Con Name of Authorized Transporter of Casing	npany 🛰	-uecave	4-1-9	4	P.0	 BOX 46 	066, Hou:	ston. Te	exas 772	210~4666		
Texaco E & P. Inc.	mead Uag	ίΧ̈́Э	or Dry	Ges	Address (Giw	eddress to w	hick approved	coor of this !	form is so he se	int)		
f well produces oil or liquids, ive location of tasks.	Unit	Sec.	Twp	Rge			When	ilsa, OK 74102				
	<u> </u>	36	1198	1 36F	1		Wise	•				
this production is commingled with that it. V. COMPLETION DATA	from say of	her lease or	pool, giv	e comming	ling order numb	धः						
		Oil Wel		Gas Well	New Well	Workover			7 			
Designate Type of Completion Date Spudded		<u> </u>	i		j i	A OUTDARI	Deepen	Prug Back	Same Res'v	Diff Res'v		
~ op	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay							
erforations								Tubing Depth				
						·			Depth Casing Shoe			
	7	TUBING.	CASI	NG AND	CEMENTIN	IO PECOE	<u> </u>					
HOLE SIZE CASING & TU			UBING S	SIZE	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
								- Control General				
					 				·····			
. TEST DATA AND REQUES	TEOD	HAW	161 B									
IL WELL (Test must be after re	COVERY of W	ALLUW. Hal volume	of look	oil and more								
ate First New Oll Rua To Tank	Date of Te	4	3,	- SAL HOUS	Producing Me	thod (Flow, p	owable for this	depth or be	for full 24 hour	rs.)		
ength of Test	Tubing Pressure							-				
	tooing stermin				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbla			Gu- MCF					
GAS WELL	L											
Ichial Prod. Test - MCF/D	Leagth of	Test			TRU:					·= · · · · · · · · ·		
	orașii de 168				Bbis. Condensate/MMCF			Gravity of Condensate				
seting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATT OF	2001 #			<u> </u>	·						
Detect certify that the miles and manda	41						ISEDV	ATION	DIVISIO			
Division have been complied with and it is true and complete to the best of my k			es above	ı			_)N		
ReWhale a	nowscore m	og bellet,			Date	Approve	d <u>NFC</u>	28 1993	<u> </u>			
R.L. Wheeler Jr. Supv. Admin. Svc.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name 12-20-93		505-39	Title		Title	DI	SIRICT I SI	JEKYIDU!	ж.			
Date		Tele	phone N	<u>a.</u>								
INSTRUCTIONS: THE CO												
INSTRUCTIONS: This form 1) Request for allowable for n	1 14 10 be : 1 14 10 be :	nied in c	omplia	nce with I	Rule 1104							
1) Request for allowable for meth Rule 111. 2) All sections of this form.	and an	~~	cpara o	wen mure	t be accomp	enied by tal	bulation of	deviation (ests teken in	accordan		
AT ATTENDED AS ALL A												

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filled for each pool in multiply completed wells.